

# SELF-CERTIFICATION SAFETY CHECKLIST FOR HOME-BASED TELECOMMUTERS

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

TELECOMMUTING  
COORDINATOR: \_\_\_\_\_

Dear Telecommuter:

The following checklist is designed to assess the overall safety of your alternate duty station. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor should sign and date the checklist in the spaces provided.

The alternate duty station is \_\_\_\_\_.

Describe the designated work area in the alternate duty station:

\_\_\_\_\_.

## A. WORKPLACE ENVIRONMENT

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance? Yes \_\_\_ No \_\_\_

2. Are all stairs with 4 or more steps equipped with handrails?  
Yes \_\_\_ No \_\_\_

3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?  
Yes \_\_\_ No \_\_\_

4. Do circuit breakers clearly indicate if they are in the open or closed position?

Yes \_\_\_ No \_\_\_

5. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?

Yes \_\_\_ No \_\_\_

6. Will the building's electrical system permit the grounding of electrical equipment?

Yes \_\_\_ No \_\_\_

7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?

Yes \_\_\_ No \_\_\_

8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?

Yes \_\_\_ No \_\_\_

9. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy?

Yes \_\_\_ No \_\_\_

10. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?

Yes \_\_\_ No \_\_\_

11. Is the office space neat, clean, and free of excessive amounts of combustibles?

Yes \_\_\_ No \_\_\_

12. Are floor surfaces clean, dry, level, and free of worn or frayed seams?

Yes \_\_\_ No \_\_\_

13. Are carpets well secured to the floor and free of frayed or worn seams?

Yes \_\_\_ No \_\_\_

14. Is there enough light for reading?

Yes \_\_\_ No \_\_\_

**B. COMPUTER WORKSTATION (IF APPLICABLE)**

1. Is your chair adjustable?

Yes \_\_\_ No \_\_\_

2. Do you know how to adjust your chair?

Yes \_\_\_ No \_\_\_

3. Is your back adequately supported by a backrest?  
Yes \_\_\_ No \_\_\_
4. Are your feet on the floor or fully supported by a footrest?  
Yes \_\_\_ No \_\_\_
5. Are you satisfied with the placement of your VDT and keyboard?  
Yes \_\_\_ No \_\_\_
6. Is it easy to read the text on your screen?  
Yes \_\_\_ No \_\_\_
7. Do you need a document holder?  
Yes \_\_\_ No \_\_\_
8. Do you have enough leg room at your desk?  
Yes \_\_\_ No \_\_\_
9. Is the VDT screen free from noticeable glare?  
Yes \_\_\_ No \_\_\_
10. Is the top of the VDT screen eye level?  
Yes \_\_\_ No \_\_\_
11. Is there space to rest the arms while not keying?  
Yes \_\_\_ No \_\_\_
12. When keying, are your forearms close to parallel with the floor?  
Yes \_\_\_ No \_\_\_
13. Are your wrists fairly straight when keying?  
Yes \_\_\_ No \_\_\_

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Employee's Signature Date

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Immediate Supervisor's Signature Date

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Group Leader's Signature Date

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Director's Signature Date

Approved [ ] Disapproved [ ]

PLEASE RETURN A COPY OF THIS FORM TO YOUR SUPERVISOR